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MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State		State File No. <u>139</u>	
County <u>Maricopa</u>				or Village <u>Phoenix</u>		Registered No. <u>710</u>	
Township <u>Phoenix</u>				City <u>Phoenix</u>		No. <u>County Sanitarium</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				St.		Ward	
Length of residence in city or town where death occurred yrs mos ds				How long in U. S. if of foreign birth? yrs mos ds			
2. FULL NAME <u>Ethel Sasser</u>				St.		Ward	
(a) Residence: No. (Usual place of abode)				(If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Marion Sasser</u>							
6. DATE OF BIRTH (month, day, and year) <u>Oct. 1 - 1902</u>							
7. AGE		Years <u>29</u>		Months <u>8</u>		Days <u>16</u>	
		If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (state or country) <u>Oklahoma</u>							
13. NAME <u>L. C. Murray</u>							
14. BIRTHPLACE (city or town) (State or country)							
15. MAIDEN NAME <u>Isabelle</u>							
16. BIRTHPLACE (city or town) (State or country)							
17. INFORMANT <u>M. Whitacre</u>							
(Address) <u>C. San.</u>							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Greenwood Park</u> Date <u>6/20/32</u>							
19. UNDERTAKER <u>H. M. Maus</u>							
(Address) <u>834 7th St</u>							
20. Filed <u>7-11-32</u> Registrar <u>R. C. Ramsey</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>June 17, 1932</u>							
I HEREBY CERTIFY That I attended deceased from <u>June 1, 1932</u> , to <u>June 17, 1932</u>							
I last saw h. a. alive on <u>June 16, 1932</u> death is said to have occurred on the date stated above, at <u>7 A. M.</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Submersion the</u>							
Other contributory causes of importance:							
Name of operation <u>none</u> Date of <u>none</u>							
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? <u>no</u> Date of injury <u>none</u> , 19 <u>32</u>							
Where did injury occur? (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury <u>none</u>							
Nature of injury <u>none</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>							
If so, specify <u>no</u>							
(Signed) <u>H. O. Jackson</u> , M. D.							
(Address) <u>212 1st St</u>							